



City of Inverness

Community Development Department
212 West Main Street – Inverness, Florida 34450
(352)726-3401 - Fax (352)726-5473
www.Inverness-fl-gov

Registration application – new/renewal (circle one)

Please note that incomplete applications cannot be accepted for review.

I, _____ hereby apply for a Registration from the City of Inverness for the following business:

1. Name of Business of Corporation: _____
2. Name of Owner: _____
3. License name: _____ Number: _____
4. Location of Business: _____
5. City/State/Zip: _____
6. Business Phone: _____ Fax: _____
7. Mailing address (if different): _____
8. City/State/Zip: _____
9. Type of Business: _____
10. Email Address: _____

The following information is required:

- a. Department of Professional regulation license or county competency card.
- b. Proof of Liability and Worker's Compensation Insurance showing the certificate holder as The City of Inverness
- c. Photo ID.
- d. Copy of County of Municipality Business Tax License.
- e. Copy of updated business name from sunbiz.org.
- f. List of authorized agents
- g. If company holds more than one type of license, this form is required for each.

A fee of \$30.00 is required for all registrations and renewals. Registrations expire on September 30th of each year.
Note: Owner, qualifier or authorized agent must sign application. If authorized agent, notarized proof must be provided stating such authorization.

Signature _____ Print name: _____

STATE OF FLORIDA, The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, (name of person acknowledging) who is personally known to me or who has produced _____ (type of identification) as identification and who did (did not) take an oath.

Notary: _____ Commission Number/Expiration date: _____